DOCUMENT RESUME

ED 428 156 UD 032 832

AUTHOR Smith, Steven Rathgeb; Dretler, Astrid K.; Rosenbloom, David L.; Paine, Kay H.; Levinson, Suzette; Hingson, Ralph; Bell, Nicole

TITLE Promising Strategies: Results of the Fourth National Survey on Community Efforts To Reduce Substance Abuse and Gun Violence.

INSTITUTION Join Together, Boston, MA.

SPONS AGENCY Robert Wood Johnson Foundation, Princeton, NJ.

PUB DATE 1999-02-00

NOTE 45p.

PUB TYPE Numerical/Quantitative Data (110) -- Reports - Research (143) -- Tests/Questionnaires (160)

EDRS PRICE MF01/PC02 Plus Postage.

DESCRIPTORS *Community Programs; *Cooperation; Government Role; *Guns; National Surveys; *Prevention; Public Policy; Questionnaires; *Substance Abuse; Tables (Data); Urban Problems; *Violence

ABSTRACT

More than 4,000 people responded to a survey about community efforts to reduce substance abuse and gun violence. Six major findings were identified from the responses of 1,608 people who identified themselves as leaders of community efforts in these areas. Community leaders want significant changes in long-standing public policies and a change in the spending priorities of the federal government as they relate to substance abuse and violence. Responses show that coalitions are an integral component of a community's response to substance abuse. Results also show that all community-based institutions can improve their responses and increase their attention to substance abuse. The structures and characteristics of coalitions differ in places where the substance abuse situation is improving from those where substance abuse is staying the same or getting worse. Findings also show that there is no one ideal type of coalition. A final major finding is that many coalitions are taking an active role to prevent gun violence in their communities. A discussion of methodology and a sample questionnaire are included. (Contains 16 tables.) (SLD)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

Promising Strategies

ED 428 156

Results of the Fourth National Survey on Community Efforts to Reduce Substance Abuse and Gun Violence

PERMISSION TO REPRODUCE AND DISSEMINATE THIS MATERIAL HAS BEEN GRANTED BY

T Cadet
Join Together

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

1

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

☒ This document has been reproduced as received from the person or organization originating it.

☐ Minor changes have been made to improve reproduction quality.

• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

JOIN TOGETHER

www.jointogether.org

February 1999

2

BEST COPY AVAILABLE

Dear Colleague,

The following people participated in the preparation of this report:

Steven Rathgeb Smith, Astrid K. Dretler, David L. Rosenbloom, Kay H. Paine, Suzette Levinson, Ralph Hingson, and Nicole Bell.

Special thanks to the following Join Together staff members: Kenita Anderson, Susan Aromaa, Shelley Pittman, Cornel Brown, Margo Jackson, Lisa Falk, Barbara Roach, Becca Zappalorti, and Melinda Zhu.

We are particularly grateful to The Robert Wood Johnson Foundation for its financial support, commitment and encouragement.

Also, special thanks to our survey advisory committee and primary reviewers. This survey project could not have been completed without their involvement!

Cover photo credits—
Top and third photos:
Jerome Friar/Impact Visuals

When Join Together published its first national survey in 1992, we entitled it *Who Is Really Fighting The War on Drugs* in order to call attention to the central role local leaders play in reducing and preventing substance abuse. Six years later, locally organized volunteers and professionals continue to provide effective mobilization and leadership against illicit drugs, excessive alcohol and tobacco use in their communities.

Something else has remained constant as well. The 14,000 community leaders who have responded to our surveys agree on the policies the nation needs. Four times you told us federal spending priorities are wrong; that alcohol advertising should be restricted and taxes increased; that treatment should be made available to all who need it, especially people involved with the criminal justice system, and that local enforcement against currently illicit drugs should increase.

Unfortunately, the disconnect between community leaders' knowledge about what is needed and actual federal and state policies is even greater now than six years ago. The share of federal spending for treatment and prevention has not grown, and federal support for community coalitions has fallen from $250 million a year to $20 million. An increasing percentage of respondents tell us access to treatment is declining in their communities. But telling us your views is not enough.

I urge every person and local group that gets this report to personally tell your local, state and federal elected officials what you need to be effective against substance abuse. You have to take action. Only 26% of respondents to this survey reported that they are extensively involved in changing public policy. Political leaders need to hear directly and repeatedly from people in their communities that the policies they have been supporting are inadequate or misdirected. Invite them to meetings and program sites; send them petitions; write letters and op-ed articles; organize groups of people in recovery to carry the message of successful treatment to their offices. Educate them on why advertising restrictions, higher alcohol taxes, more effective enforcement and expanded treatment matter so much to your community. Go to the Survey Action Kit on Join Together Online (www.jointogether.org) for tips about how to take these steps. And support candidates who vote in favor of your positions and work against those who don't.

Our leaders do not know that there is a strong consensus about the policy changes that community leaders need to be more effective. Every elected official I meet tells me that he or she rarely hears from constituents about these issues. For too long, people working against substance abuse have been silent. Some think they can not act because they work for public agencies or groups that get government money. Others are silent to protect their own anonymous recovery. Yet citizens are always free—and indeed, even obliged — to communicate with public officials. Silence is consent to the policies you know are failing.

Please, when you read this survey report, think about how you are going to personally take action on its findings. Take a moment to tell us what you are committing to do by sending the attached postcard back to Join Together. We'll report back to you, the media and government leaders about your actions.

We thank the thousands of people who responded to this survey and the hundreds of thousands of people they represent in every community in the country. You are making all our communities safer and healthier. We are grateful.

Sincerely,

David L. Rosenbloom

David L. Rosenbloom

BEST COPY AVAILABLE

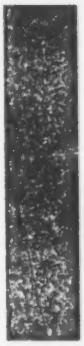
EXECUTIVE SUMMARY '99

All across America, people are joining together in coalitions to prevent, treat, and reduce the harms from substance abuse and gun violence. More than 4,000 people responded to our fourth national survey, providing information about their organizations, activities, and policy preferences. Six key findings emerged from the survey, based on the analysis of *1,608 lead coalition respondents:

Finding I

Community leaders want significant changes in long-standing public policies and a change in the spending priorities of the federal government regarding substance abuse, while maintaining strong local law enforcement against currently illicit drugs.

There is a disconnect between policy makers and community leaders. The people doing the work against substance abuse in our communities believe there must be a major shift in public policies regarding substance abuse prevention, treatment, law enforcement, and the environment which normalizes drug and alcohol excesses. For example, an overwhelming majority of people support restricting tobacco and alcohol advertising (98% and 96% respectively).



BEST COPY AVAILABLE

*This survey report focuses on the views of the 1,608 respondents who identified themselves as the leaders of a community "task force, consortium, or coalition that plans and/or directs alcohol, tobacco, or other drug-related programs, activities, policies, and/or resource allocation." We also analyzed and reported on a subset of 309 people who participated in both the third and fourth surveys. The methodology followed for the fourth national Join Together survey and prior surveys is described at the end of the report. A copy of the survey instrument is also included.

2

Finding 2

Coalitions are an integral component of a community's response to substance abuse.

Community coalitions report an increasing impact on substance abuse problems in their communities, and a stronger community capacity to address social problems. Although many coalitions are effective, the survey provides **warning signs** that the growth of the ***community movement may be stalling***. Evidence of this troubling development includes a decline in the number of new coalitions forming in communities, a decrease in the intensity with which coalitions are involved in efforts to fight substance abuse, and the disappearance of many lead coalitions that participated in our survey two years ago.

3

Finding 3

Results of the community report card show that all community-based institutions can improve their response and increase their attention to substance abuse.

Community institutions receive mixed reviews for their involvement against substance abuse. While most coalitions have community support and participation, some major community institutions (business, labor, civic groups) still get very low grades. Within a community, the level and quality of involvement by an institution can change very rapidly — in other words, some institutions that received high marks in our survey two years ago received poor ones this year, and vice versa. This finding shows the volatility of community-based alliances and shifting priorities.

4

Finding 4

The structures and characteristics of coalitions and the communities in which they operate are different in places where the substance abuse situation is *improving* than in places where it is staying the same or getting worse.

Fourteen percent (14%) of respondents report that the **substance abuse situation has *improved*** in their communities over the past two years. These communities were significantly more likely to have an annual report produced by their city governments detailing their strategic plans and progress being made against substance abuse, and increasing access to treatment services.

"By drawing in a wide spectrum of community groups, businesses, the faith community, law enforcement, parents and youth-serving organizations in collaboration with one another, stronger ownership is felt by all in developing and supporting effective community-based strategies."

Judy Cushing, Executive Director, Oregon Partnership

Finding 5

Coalitions come in all shapes and sizes. There is no one 'ideal' type of coalition.

There is no single ideal form for an effective coalition. Drug and alcohol abuse is a national problem, but the expressions and solutions are local. Very substantial differences exist in the impact and nature of substance abuse problems in different communities. Most coalitions have small budgets and rely on volunteers. While federal support is important, about three-quarters of the participating coalitions report getting no federal money at all.

Finding 6

Many coalitions are taking an active role to prevent gun violence in their communities.

More than 25% of community coalitions are at least somewhat involved in gun violence prevention. There is broad consensus on gun policies that can be adopted to save lives. However, important regional differences exist about some gun violence prevention policy options. For example, respondents from the upper mid-western states were significantly more likely to oppose policies such as increasing restrictions on handguns.

BEST COPY AVAILABLE

"...HAVING A STRATEGY MAKES A DIFFERENCE."

Another important finding in both our previous survey (*Leading From the Ground Up*, 1996) and this latest survey is that having a strategy makes a difference. Coalitions that had a written strategic plan with measurable objectives were significantly more likely to report having a direct impact on reducing alcohol, tobacco, and illicit drug use in their communities. Conversely, coalitions without a written strategic plan are more than 50% more likely than coalitions with a plan to say they had no impact at all on substance abuse.

A strategic plan usually includes:

- specific goals for the coalition;
- an outline of programs that are related to achieving established goals;
- methods to monitor progress toward the goals;
- a regular public report of the progress made, and a description of the process for reviewing current goals and programs and for adapting them to local circumstances.

Strategic Planning Questions for Coalitions

- What harms from substance abuse and gun violence are you trying to reduce in your community?
- How are you doing this?
- What other groups in your community are already involved or might get involved?
- How can you work collaboratively with others?
- How will you know you are making a difference?

Table of Contents

KEY FINDINGS 6-29

FINDING 1 7

FINDING 2 12

FINDING 3 18

FINDING 4 20

FINDING 5 23

FINDING 6 27

METHODOLOGY 30

SURVEY INSTRUMENT 31

Key Findings

Finding 1

Community leaders want significant changes in long-standing public policies and a change in the spending priorities of the federal government regarding substance abuse, while maintaining strong local law enforcement against currently illicit drugs.

Finding 2

Coalitions are an integral component of a community's response to substance abuse.

Finding 3

Results of the community report card show that all community-based institutions can improve their response and increase their attention to substance abuse.

Finding 4

The structures and characteristics of coalitions and the communities in which they operate are different in places where the substance abuse situation is *improving* than in places where it is staying the same or getting worse.

Finding 5

Coalitions come in all shapes and sizes. There is no one 'ideal' type of coalition.

Finding 6

Many coalitions are taking an active role to prevent gun violence in their communities.

BEST COPY AVAILABLE

Key Findings

Finding 1

Community leaders want significant changes in long-standing public policies and a change in the spending priorities of the federal government regarding substance abuse, while maintaining strong local law enforcement against currently illicit drugs.

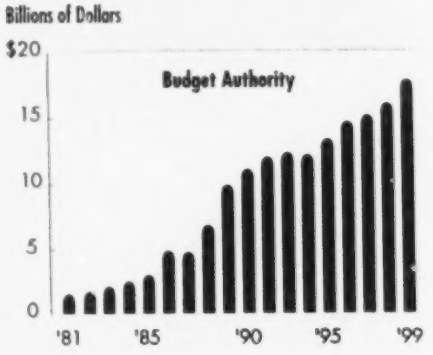
If community leaders were establishing drug and alcohol policy, here is what it would be, according to the participants in the latest Join Together survey:

- Alcohol and tobacco **advertising** would be severely restricted, and air time for counter-advertising would be required.
- Alcohol and tobacco **taxes** would be increased.
- **Treatment** would be expanded for all who need it. Addiction treatment would be covered by medical insurance and HMOs just like other diseases. Treatment for drunk drivers would be mandatory. Treatment would be required for addicts in the criminal justice system and would be an alternative to jail for non-violent offenders.
- **Policies** and **laws** related to drug, alcohol, and tobacco use would be strictly and vigorously enforced at the local level.
- Currently illicit drugs would remain **illegal**.
- **Federal funding** for treatment and prevention would grow sharply. Support for interdiction would fall, especially as a percentage of total federal spending.

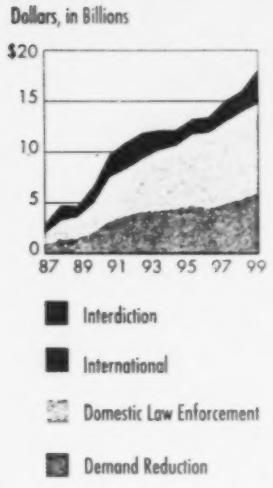
Support for a Restructured Federal Role

There has been a long-standing debate about whether the federal government's role should be to focus on reducing the supply of illicit drugs into the country or reducing demand for them. In the Nixon administration, when federal spending started to grow, about two-thirds of the budget went toward demand reduction, espe-

The federal drug control budget has more than tripled since ONDCP was established in 1988.

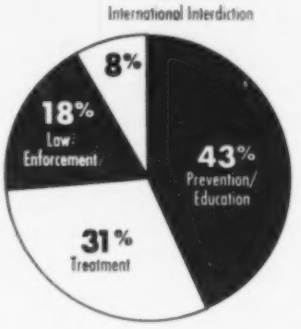


Demand Reduction and Domestic Law Enforcement Account for the Bulk of Federal Drug Control Spending.



cially treatment. Today, the balance is reversed. Community leaders who participated in this and the three previous Join Together surveys have consistently called for a change in federal priorities toward greater support for prevention and treatment (demand reduction activities). Since 1988, total federal drug control spending has more than tripled, from $4.7 billion in 1988 to $17.8 billion in 1999. The percentage of the total federal drug budget spent on domestic law enforcement activities has grown substantially over the past decade, while the money spent on demand reduction has increased slowly. Domestic law enforcement and supply reduction allocations make up about two-thirds of the overall federal drug budget.

Table 1 How Respondents Would Change Federal Spending (n=1,608)

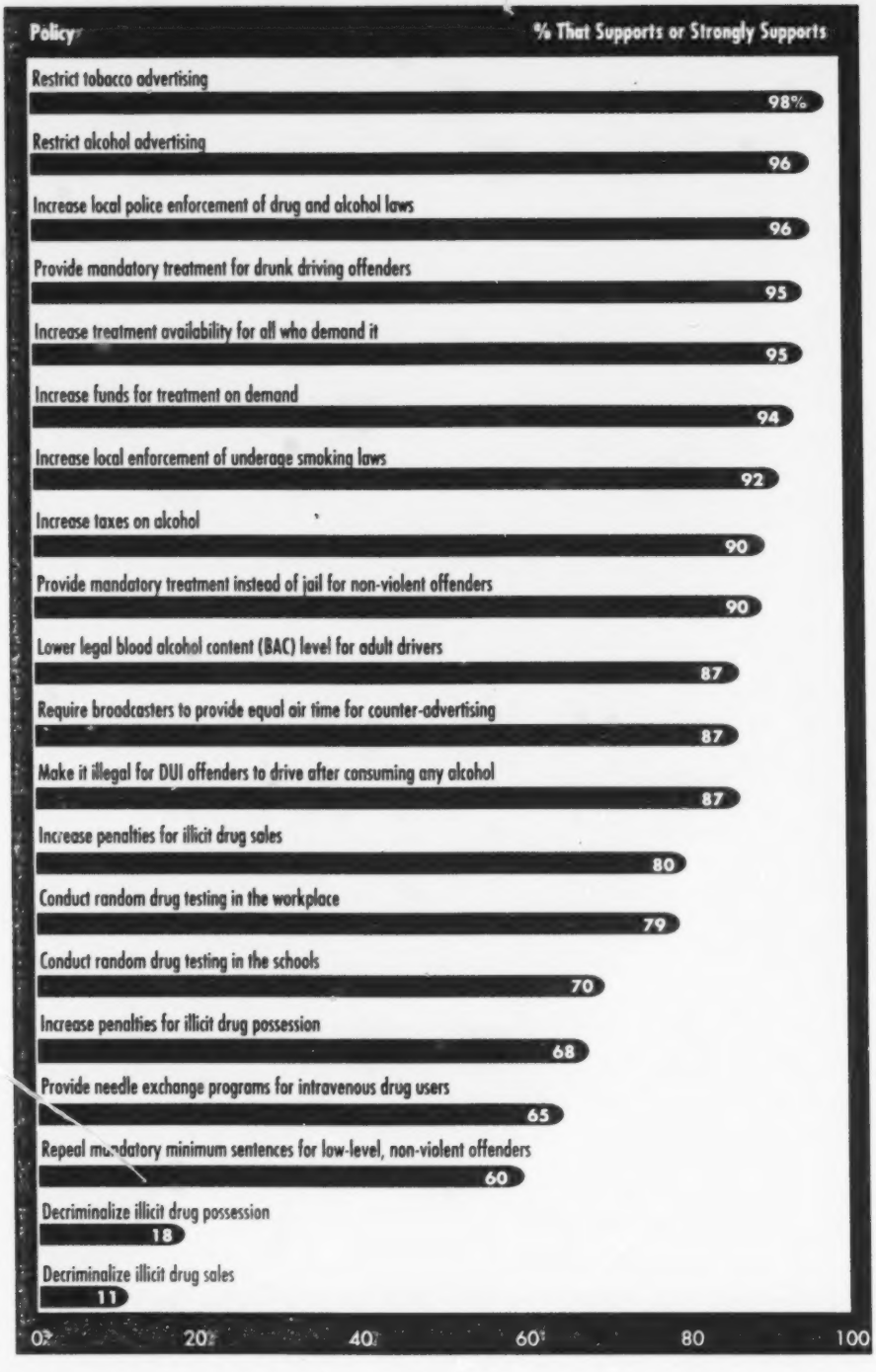


The pie chart in Table 1 shows how community leaders would allocate the federal drug control budget if they had their way. Each respondent created a desired federal drug budget by assigning a percentage share to each activity. In the "real world" of Congress and the Executive Office, it is almost impossible to reassign budget shares across all of the federal departments involved. Nevertheless, the gap between federal priorities as expressed by the actual budget and the desires of community leaders is large. In fact, 30% of the respondents believe that no federal money should be spent on international interdiction efforts, while, on average, respondents want 8% spent on this activity. This finding has been consistent across all four Join Together surveys.

Change the Environment that Promotes Drug and Alcohol Excesses

As shown by Table 2 on the following page, there is a strong consensus among community leaders that policy changes are needed that will alter the promotion of alcohol and drugs and community standards of appropriate behavior. More than 95% want additional restrictions on alcohol and tobacco advertising. Eighty-seven percent (87%) want broadcasters to be required to air counter-advertising to balance alcohol promotion. Ninety percent (90%) want higher alcohol taxes, an approach that research shows is particularly effective in reducing teen drinking and may also lead to a decline in teen marijuana use.

Table 2 Public Policy Preferences of Community Leaders (n=1,608)



A recent study found that alcohol and marijuana are economic complements, not substitutes. In other words, an increase in the federal beer tax will generate a reduction in the demand for marijuana.

Pacula R., Does Increasing The Beer Tax Reduce Marijuana Consumption? *Journal of Health Economics*, 17 (1998) 557-585.

A recent survey shows that the majority of Americans support tough policies to prevent teen drinking, such as stricter controls on alcohol sales, advertising and promotion, and bans on home delivery sales. Americans also favor raising alcohol taxes to pay for alcohol prevention and treatment programs. This survey was conducted by Mathematica Policy Research, Inc.

BEST COPY AVAILABLE

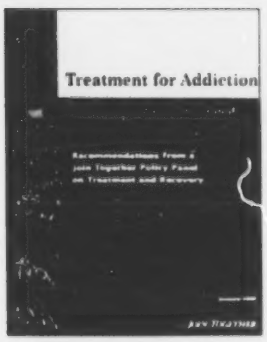
A recent action by Congress to reauthorize the Office of National Drug Control Policy (ONDCP) demonstrates just how great the gap is between what community leaders want and Congressional priorities. The reauthorization legislation states *"The Director shall ensure that no Federal funds appropriated for the High Intensity Drug Trafficking Area (HIDTA) Program are expended for the establishment or expansion of drug treatment programs."*

Congressional Record-House (H11229) 10/19/98

Independent research suggests that the instincts of community leaders are correct. Economist Henry Saffer, in an article published in *Alcohol Health & Research World*, showed that alcohol consumption rises as alcohol advertising increases.[1] Regarding advertising, Larry Wallack has shown a significant correlation between children's exposure and attention to beer commercials, and a higher expectation to drink as an adult.[2] In a recent economic study, researchers Grossman, Chaloupka, and Saffer found that increases in federal taxes on alcoholic beverages are effective in reducing youth alcohol consumption and alcohol-related injuries and deaths, and that tax policy appears to be more effective than a uniform drinking age of 21.[3]

An example of positive environmental change is lowering the legal blood alcohol content (BAC) limit for drivers, a policy which 87% of survey respondents support. As of January, 1999, seventeen states have lowered the standard to .08 BAC. (It is .10 in the other 33 states.) Research has shown that lowering the allowable blood alcohol content has substantially reduced drunk driving deaths in states with a .08 limit.

Lastly, about three-quarters of leaders support random drug testing in both schools (70%) and the workplace (79%). Many of these policies, such as making it illegal for a DUI offender to drive after consuming any alcohol, are individual state responsibilities, but the federal government can spur adoption of these policies through regulation and funding incentives.



Join Together recently convened a policy panel on addiction treatment and recovery. The panel's report, *Treatment for Addiction: Advancing the Common Good*, contains six recommendations which may serve as a foundation for a community's treatment strategy. Contact Join Together for a free copy.

Support for penalties and enforcement

Almost no support exists among community leaders participating in the latest survey for repealing current laws against illicit drugs. With strong agreement, 89% oppose repealing existing laws and 80% want even stiffer penalties for selling illicit drugs. Ninety-two percent (92%) of respondents want underage tobacco restrictions enforced. Eighty-seven percent (87%) would make it illegal for a person who has been convicted of drunk driving to drive after consuming any alcohol.

Treat those who need it

Nearly all community leaders (95%) support widespread availability of treatment. And nearly all of them (94%) are willing to increase funds to pay for it. Additionally, 90% of respondents support mandatory treatment instead of jail

BEST COPY AVAILABLE

for non-violent and drunk driving offenders. Although Congress in April of 1998 banned federal funding of needle exchange programs for intravenous drug users, two-thirds of survey respondents (65%) support such programs.

Survey participants find no contradiction between favoring strong local law enforcement and treating those who need it. Many studies, along with practical experience, suggest they are correct. The most cost-effective way to reduce consumption of illegal drugs and the crime associated with them is to increase treatment, according to a study conducted by the Rand Institute for the Office of National Drug Control Policy (ONDCP) and the US Army. Specifically, the study found that every dollar spent on treatment leads to a $7.46 reduction in crime-related spending and lost productivity. Further, numerous studies have shown that arrestees and prisoners who receive treatment and aftercare for their drug and alcohol problems are far less likely to commit future crimes or drive drunk than those who return to the community without treatment or aftercare.

The "Cause Children Count" Coalition in Washington, DC, has launched a citywide anti-advertising campaign. They are urging the City Council to act on legislation to prohibit tobacco and alcohol advertising within 1,000 feet of public and private schools, playgrounds, and other areas where children congregate.

Tobacco Policies

Survey participants support policy changes that will discourage smoking, especially among youth. They also report that major changes in tobacco policy have occurred at the local level in the past two years through local or state law. Eighty seven percent (87%) say that smoking is now restricted in public schools; 84% report that smoking is restricted in public buildings; 58% report that smoking is restricted in restaurants; and 58% report that smoking is restricted in shopping malls.

Footnotes:

[1]Saffer H., Alcohol Ads Increase Drinking, *Alcohol Health & Research World*, Vol. 20, No. 4, 1996.

[2]Wallack L., and Grube J., *TV Beer Commercials and Children: Exposure, Attention, Beliefs, and Expectations About Drinking As An Adult*, AAA Foundation for Traffic Safety, Fall 1990.

[3]Grossman M., Chaloupka F., Saffer H., Effects of Alcohol Price Policy on Youth: Summary of Economic Research, *Journal of Research on Adolescence*, 4(2):347-64, 1994.

BEST COPY AVAILABLE

2

FINDING 2

Coalitions are an integral component of a community's response to substance abuse.

COALITION AREAS OF FOCUS: DRUG, ALCOHOL AND TOBACCO PROBLEMS, INCREASING COORDINATION AND PUBLIC INVOLVEMENT

Many community coalitions report that they are having an increasing impact on substance abuse problems in their communities. Two thirds report that they address both alcohol and illicit drug problems about equally. Both the 1996 survey and this latest one found significant increases in the attention coalitions pay to tobacco issues. Communities' focus on alcohol is strikingly different from federal support for coalitions, which largely targets illicit drug issues. For example, the federal government is spending about $200 million on an advertising campaign to oppose teen marijuana use, but relies on voluntary efforts by advocates and media outlets to discourage teen drinking.

As shown in Table 3 on the following page, community coalitions concentrate more on **community planning, increasing public participation and changing public policy** than on providing direct services to individuals. More than 75% of coalitions say they helped initiate and sustain systematic community planning to reduce substance abuse. Even coalitions with small budgets report playing an important coordinating role, bringing together community institutions and residents to develop comprehensive, integrated approaches. More than half (55%) of the coalitions in

Profile: How Community Anti-Drug Coalitions of America (CADCA) Members Compare to Other Survey Respondents

CADCA is a membership organization of coalitions working to prevent and reduce substance abuse and violence in communities across America. Four hundred and forty five (445) CADCA coalition members participated in this fourth national survey. Almost three-quarters (70%) of these groups describe themselves as "leading or directing efforts" in their communities.

✔ AREAS OF FOCUS — CADCA members are more likely to be extensively involved in prevention, planning programs, public awareness efforts, and public policy, compared to non-CADCA members. They are also more likely to be increasing their efforts around public policy. On the other hand, CADCA members are less likely to be extensively addressing treatment, aftercare, or HIV/AIDS.

✔ MORE STRATEGIC PLANNING — Seventy-four percent of CADCA members tell us that they have a written strategic plan, 10% more than other respondents. Their plans are somewhat more likely to have measurable objectives, and include activities such as prevention, public awareness, law enforcement, leadership development, and tobacco control.

✔ EXTENSIVE PUBLIC POLICY INVOLVEMENT — Compared to five years ago, CADCA members are more likely to be involved in efforts to change public policy, and report that they are active in passing laws and regulations on alcohol and tobacco.

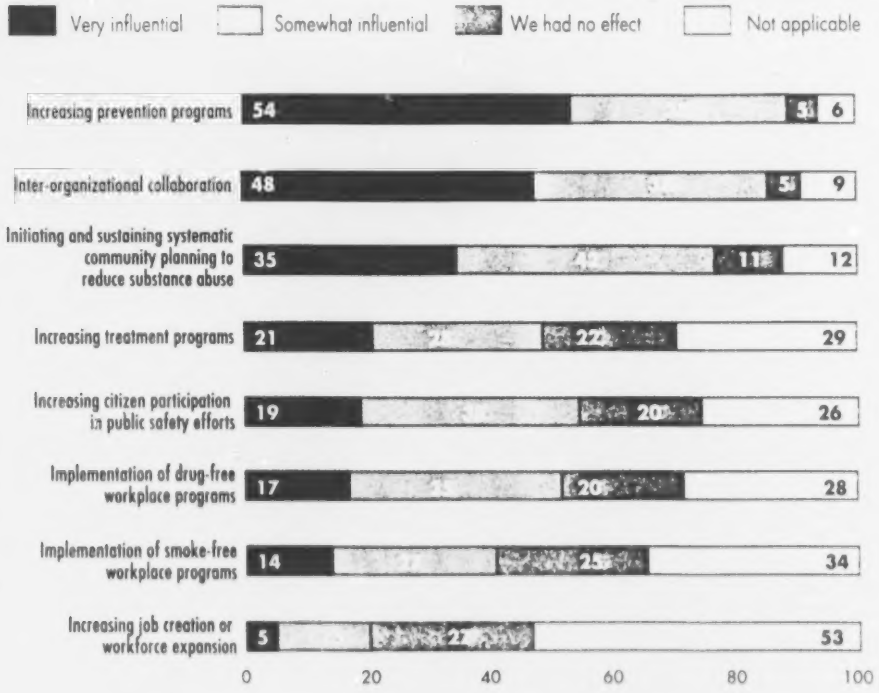
✔ AREAS OF INFLUENCE — CADCA coalitions are more likely to report that they are very influential in the areas of inter-organizational collaboration, increasing prevention programs, community planning, and public safety. They are more likely to monitor their impact on reducing alcohol, tobacco, and illicit drugs through surveys, policy changes, and media attention.

All of the above findings are statistically significant at $p < 0.05$

BEST COPY AVAILABLE

the survey report they were influential in increasing citizen participation in public safety efforts. Eighty-six percent (86%) of coalitions report they helped encourage inter-organizational collaboration among local public and private agencies involved with substance abuse. In fact, almost half (48%) said they were very influential in this area.

Table 3 How Influential Has Your Coalition Been In Bringing About the Following Changes? (n=1,608)



A majority of communities have conducted compliance checks (sting operations) to test whether underage youth are sold alcohol and tobacco products. Fifty-nine percent (59%) conducted alcohol stings and 69% conducted tobacco stings. This activity has the potential to mobilize citizen involvement, including youth, in advocacy activities.

What Coalitions Do: Prevention, Public Awareness and Public Policy Change

To learn about their activities, we asked coalition leaders to tell us what they do, how extensively they do it, and whether their level of involvement has changed in the past two years. The key findings are illustrated in Table 4 on the following page and described below.

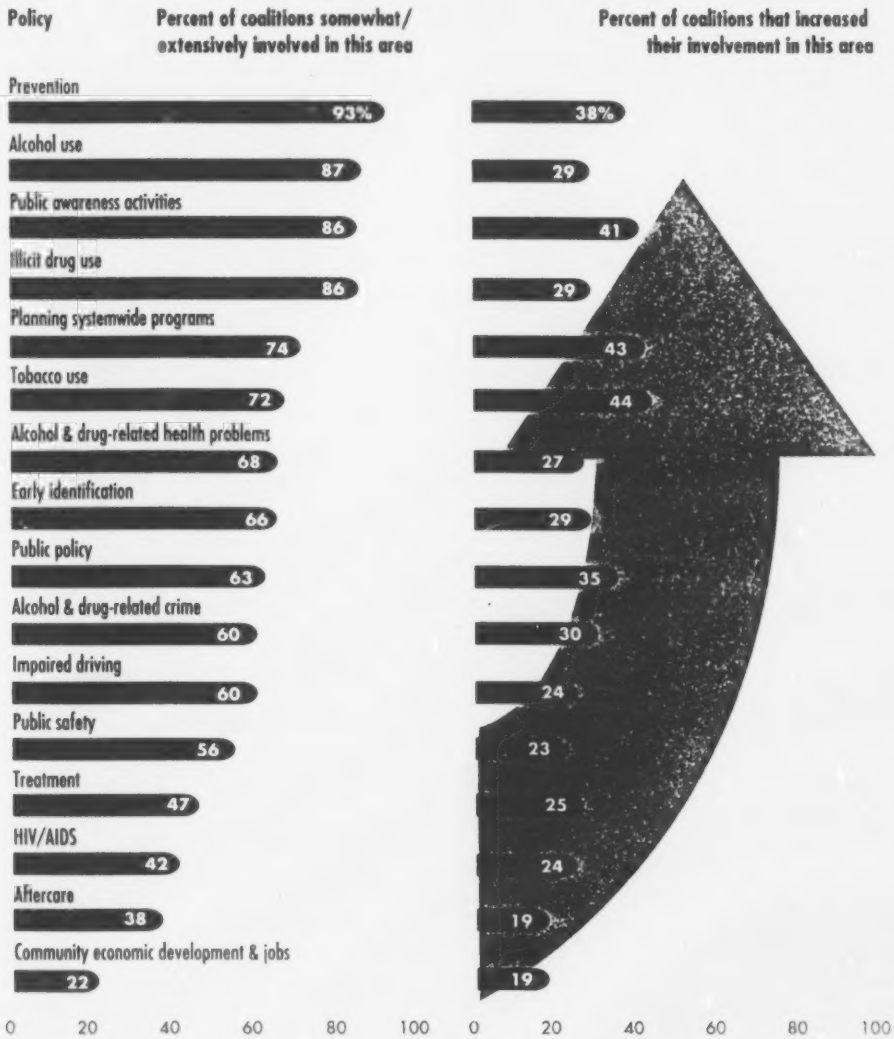
A huge majority of coalitions, 93%, report they are extensively involved in community prevention programs. More than half (54%) said they have been very influential in increasing community prevention programs. The targets of most coalition activity are young people and the general adult population. Significantly fewer coalitions report extensively focusing on high-risk populations like pregnant teens or juvenile or adult offenders. The 86% of respondents who are extensively involved in promoting public awareness of substance abuse issues also target the

BEST COPY AVAILABLE

"My organization just completed its written strategic plan. We will begin eight new strategic initiatives to drive the delivery of services in our community. This plan is vital to managing changes and new developments as they occur."

Myrtle Muntz, President, Recovery Resources, Cleveland, OH

Table 4 Increasing Involvement in Programmatic Area (n=1,608)


Policy
Percent of coalitions somewhat/ extensively involved in this area
Percent of coalitions that increased their involvement in this area
Prevention 93% 38%
Alcohol use 87 29
Public awareness activities 86 41
Illicit drug use 86 29
Planning systemwide programs 74 43
Tobacco use 72 44
Alcohol & drug-related health problems 68 27
Early identification 66 29
Public policy 63 35
Alcohol & drug-related crime 60 30
Impaired driving 60 24
Public safety 56 23
Treatment 47 25
HIV/AIDS 42 24
Aftercare 38 19
Community economic development & jobs 22 19
0 20 40 60 80 100
0 20 40 60 80 100

general youth and adult population. Coalition leaders report increasing success in changing policy as well. More than half the coalitions report they were involved in enacting new policies relating to drunk driving (52%), smoking (72%), and alcohol regulations (65%).

The Value of Strategic Plans

Written strategic plans are a critical ingredient of successful coalitions. Coalitions with written strategic plans are significantly more likely to report having an impact on reducing substance abuse. Over two-thirds of the coalitions (69%)

BEST COPY AVAILABLE

indicate that they have a written strategic plan (down from 77% in the 1996 survey). Table 5 on this page describes the impact coalitions report that they have on substance abuse problems, comparing those with written strategic plans to those which do not have them. For example, coalitions with a written strategic plan are significantly more likely to report success in reducing tobacco use. They are also more likely to say they are successful in reducing drug use.

Coalitions with a written strategic plan are more likely to report having an impact on a wider range of outcomes (alcohol, tobacco and illicit drug prevention). Conversely, coalitions without a written plan are more than 50% more likely than coalitions with a plan to say they had no impact at all on any of these three areas.

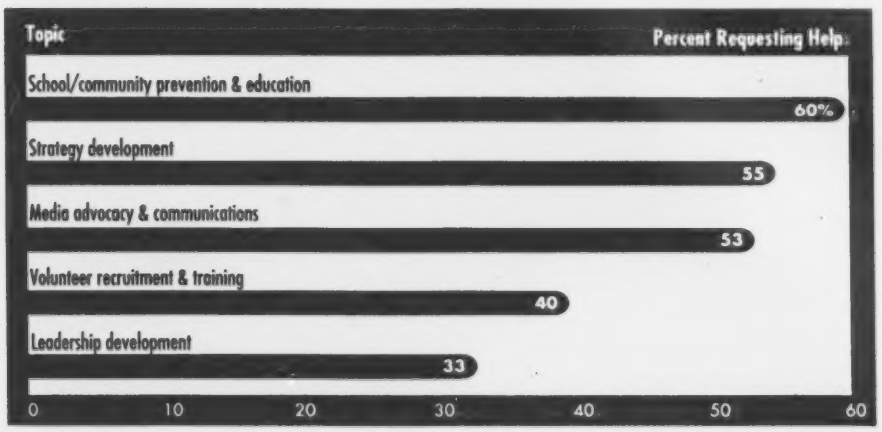
Table 5 Strategy Matters (n=1,608)

Coalitions Reporting Direct Impact on Reducing:	Written Plans Yes	Written Plans No
Alcohol Abuse	62%	52%
Tobacco Use	47	37
Illicit Drug Use	56	47

What Coalitions Do Not Do: Treatment and Aftercare, HIV, Community Economic Development and Jobs

As demonstrated in Table 4 on the previous page, fewer than half of coalitions are involved with treatment, aftercare, or HIV/AIDS. Even fewer, 22%, say that they focus on community economic development or jobs. We found that as coalitions mature, they pay increasing attention to treatment and aftercare. While they are not directly involved in treatment, almost half (49%) of the coalitions in this latest survey say they have been influential in increasing treatment services in their communities. Nevertheless, it remains true that only 32% of the coalitions report they are extensively involved in treatment and 16% in aftercare. The coalitions involved in treatment and aftercare have significantly larger budgets than other coalitions and are more likely to be located in larger communities.

Table 6 Technical Assistance Needs



BEST COPY AVAILABLE

Approximately 50% of non-responders to the survey had disconnected or invalid phone numbers.

• WARNING:

THE COMMUNITY COALITION MOVEMENT MAY BE STALLING.

In its first three surveys, Join Together found solid evidence of a growing community movement to reduce substance abuse. The number of respondents grew each year, and they reported increasing the scope and intensity of their activities. There was a high level of new coalition formation. The findings in this latest survey, however, provide a different picture. Participating coalitions report their influence within their communities continues to increase, but there is substantial evidence that the movement overall is not expanding as rapidly as in the past.

• WARNING SIGNS

✔ The **number of lead coalitions participating in the survey fell** for the first time, despite an even broader mailing list; the level of extensive involvement in activities undertaken by coalitions fell slightly from 1996; and fewer coalitions reported that they have a written strategic plan (69% this year; 77% in 1996). Almost half of respondents who reported that new coalitions were forming in their communities in '96 said there were **no new coalitions** forming now.

✔ This year we also documented the **disappearance of a substantial number of coalitions** since 1996. We tried to track down a sample of 200 coalitions that had participated in the 1996 survey, but not in 1998 (when the results of this report were compiled).

For more than half of these groups, telephones had been disconnected and no forwarding addresses were available. Coalitions which had funding from the Center for Substance Abuse Prevention (CSAP) seem to have been particularly hard hit. We estimate that about half of those that lost funding have disappeared. It is possible that other groups in their communities have assumed the activities they started, but the coalitions themselves are gone.

It is important to note, on the other hand, that coalitions which reported having an increasing impact on substance abuse in their communities were significantly **more** likely to have had CSAP partnership grants than coalitions reporting less impact.

✔ Despite the **overall slowing of coalition growth,** one type of coalition continues to grow: tobacco-specific coalitions (see Table 7 on the following page). This growth probably reflects increased federal activity on the proposed global tobacco settlement and state level anti-tobacco activity.

✔ **Federal funding for coalitions has declined** over the past two years. In this fourth survey, federal funding accounted for 35% of coalitions' total funding, down from 45% in 1996. This decline reflects recent major changes in federal funding and related policies. Even though there are sizeable federal grant allocations, certain programs supporting coalitions have been sharply curtailed. For example, coalitions identifying themselves as receiving funding from the federal Center for Substance Abuse Prevention (CSAP) dropped from 11% of all coalitions to 6% in 1998, when the latest survey was administered.

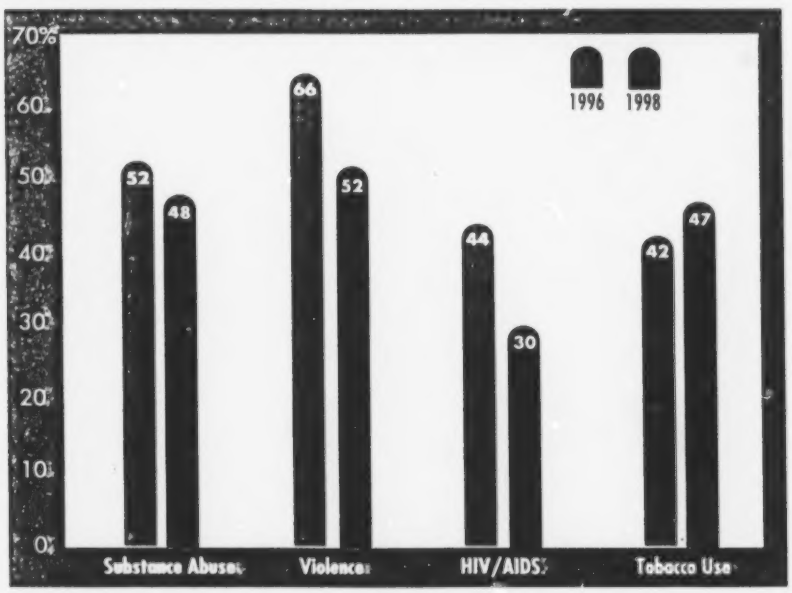
The Wall Street Journal reported, in an 8/18/97 article, that lobbyists for the beer industry persuaded Congress to slash CSAP's budget after it began working to prevent alcohol abuse in local communities. This budget decline, in turn, spurred the demise of the $250 million a year CSAP Community Partnership program.

The new Drug Free Communities Act of 1997 provides $10 million in FY'98 to support the work of 93 community anti-drug coalitions. In 1999, about $18 million will be available. However, the level of funding is substantially lower than the Community Partnership program, which provided an average of $250 million a year.

✔ A comparison of the third and fourth survey results indicates that **volunteer participation in coalitions may be waning.** The fourth survey indicates that coalitions found it easier to mobilize volunteers two years ago. Forty-six percent (46%) of respondents in '96 said that the efforts of citizens to mobilize and address substance abuse problems in the community were getting better. Fewer, 40%, reported this to be the case today. This difference was statistically significant.

In sum, elsewhere in this survey, we describe the positive impact coalitions report they are having in reducing alcohol, tobacco, and illicit drug use in their communities. The growth of the coalition movement paralleled a steady decline in drug and alcohol abuse across America's communities. The warning signs we found in this survey suggest that one of the major responses which communities have relied on to address their substance abuse problems—community-based coalitions—may not be there when they are most needed.

Table 7 New Coalition Formation in 1996 (n=1,910) and 1998* (n=1,608)



* The 1998 responses are presented in this 1999 survey report.

BEST COPY AVAILABLE

FINDING 3

Results of the community report card show that all community-based institutions can improve their response and increase their attention to substance abuse.

RATING THE PERFORMANCE OF COMMUNITY INSTITUTIONS

In our survey, we ask individuals how they would assess the current efforts of community institutions and groups in addressing substance abuse in their communities. Overall, respondents give **high ratings** to law enforcement, schools, courts, health care providers, and state government. These high marks are consistent with our previous surveys. Despite declines in federal funding of coalitions, the federal government's rating actually improved since our last survey.

Coalitions continue to give **low ratings** to local government, business, labor, local funders, religious organizations, and civic/fraternal organizations. These weak ratings probably reflect local circumstances. For example, more than half of respondents (54%) said that their city's government does not produce an annual report that details its plans and progress in reducing substance abuse. Perhaps this indicates the need for greater coordination between local government and coalitions.

"This is not a job that can be taken on alone. Unless we have a strong community response to the addiction problems in our communities, they will not get the recognition they need to be resolved. This means local businesses, large and small, as well as all human service agencies and others must contend with the consequences of addiction on a regular basis."

Jane Morrison, Project Director, Boston Against Drugs, Boston, MA

The aggregate ratings of community institutions mask great **variation in local circumstances** and important shifts in those ratings since the 1996 survey. We examined those shifts by analyzing data from a matched sample of 309 coalitions that participated in both the third and fourth surveys. The data show that at least half of institutions received a different rating, either positive or negative, in the previous survey than they did in this one. For example, 20% of respondents gave schools a rating of "excellent" in 1996. Two years later, half of these same respondents gave schools lower marks of "good" or "fair." This finding implies that the relationship between coalitions and community institutions can be quite unpredictable. The matched data also suggests the following conclusions and observations:

- In general, the ratings of community institutions have **drifted upward**, suggesting that established coalitions are able to achieve greater involvement with other institutions over time.
- Approval of the performance of the federal government rose, despite federal funding cutbacks.

BEST COPY AVAILABLE

- Media ratings improved significantly. State legislatures, Congress and the Governor's office also received higher ratings.

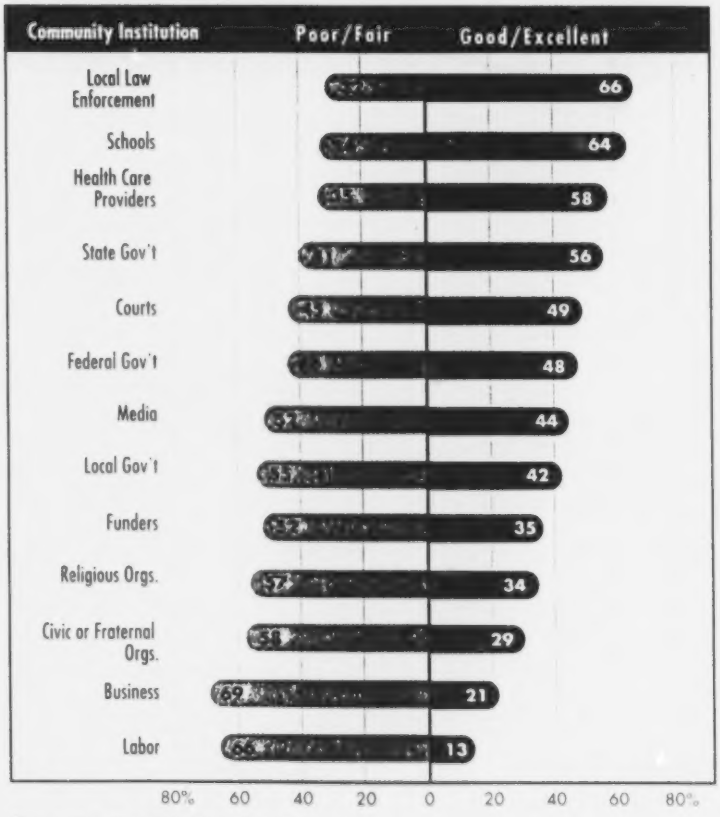
Respondents rated community institutions on a scale of poor, fair, good or excellent. Table 8 below outlines the overall percentages for each institution. It is important to note that local circumstances and institutions' responses to problems are perceived differently by groups in the same communities. Thus, there is **local volatility** in the ratings that is not evident in the scores below.

In summary, the community report card underscores the importance of understanding, and when possible, leveraging local circumstances, resources, capacity, and the value of collaboration with both institutions and citizens. The success of coalitions hinges upon these factors. Community leaders should be diligent in pursuing relations and gaining the support of local institutions. And there should always be opportunities for new institution leaders to become involved in coalition efforts.

"To change community norms, all levels of the community must participate or norms will not change."

Sis Wenger, Ex. Director, National Assn. of Children of Alcoholics, Washington, D.C.

Table 8 Ratings Received by Community Institutions (n=1,608)



Figures do not include "don't know" responses.

BEST COPY AVAILABLE

4

FINDING 4

The structures and characteristics of coalitions and the communities in which they operate are different in places where the substance abuse situation is *improving* than in places where it is staying the same or getting worse.

Fourteen percent (14%) of coalitions report that the substance abuse situation is actually improving in their communities. Twice as many respondents, 30%, say it is getting worse, and the remainder think the situation has not changed in the past two years. Interestingly, people from the same communities do not always report the same way on this question. Nevertheless, there are significant differences in those communities where the situation is reported as getting better.

COMMUNITY CHARACTERISTICS

There are important differences in the way the communities are structured to support action against substance abuse. Clear differences exist in communities with an improving substance abuse situation versus those with deteriorating conditions. Three key characteristics stand out:

1) a responsive local government;

2) involvement of community institutions;

3) improving access to treatment services.

"The City of Pasadena's staff involvement with our coalition has been essential in creating systems change in alcohol policy development and compliance."

Michael Browning,
Executive Director, Day
One Prevention Program,
Pasadena, CA

1) Local Schools and Municipal Governments Are Important Factors in Success

Local government in communities where coalitions reported an improving substance abuse situation were significantly more likely to have the following characteristics:

- an office in the city government specifically charged with reducing substance abuse;
- an annual report on substance abuse prepared by the city government;
- mayors and governors who paid attention to the problem;
- higher levels of local law enforcement;
- more educational programs about substance abuse in elementary, junior high and high school;
- local colleges working with municipal government to reduce underage drinking.

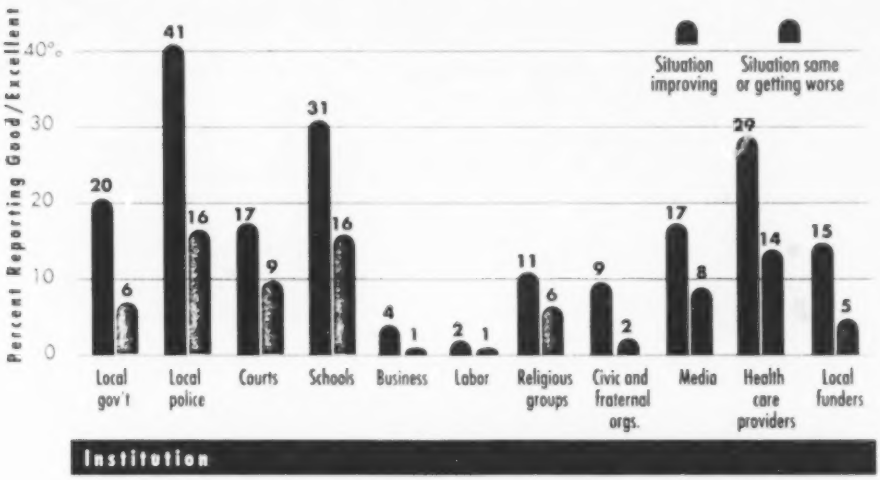
BEST COPY AVAILABLE

2) Higher Community Institution Ratings

Coalitions in communities where the substance abuse situation is improving rate local public and private institutions much more highly than their counterparts in communities where the substance abuse situation is staying the same or getting worse. Table 9 below demonstrates the striking difference in the positive ratings of community institutions in places where the substance abuse situation is getting better.

These findings underscore that effective prevention and treatment strategies require the active participation and involvement of an array of local public and private institutions. When they are actively involved in joint problem-solving, progress is possible. For example, community collaboration and planning are more likely to be getting better in these places.

Table 9 Comparison of Ratings in Communities Where the Substance Abuse Situation is Improving vs. Staying the Same or Getting Worse (n=1,608)



3) Treatment Access

Where the situation is reported to be improving, access to treatment is getting better. Compared to communities with deteriorating situations, it is much easier in improving communities to obtain detoxification, inpatient care, long term residential care, methadone maintenance, and outpatient drug/alcohol treatment.

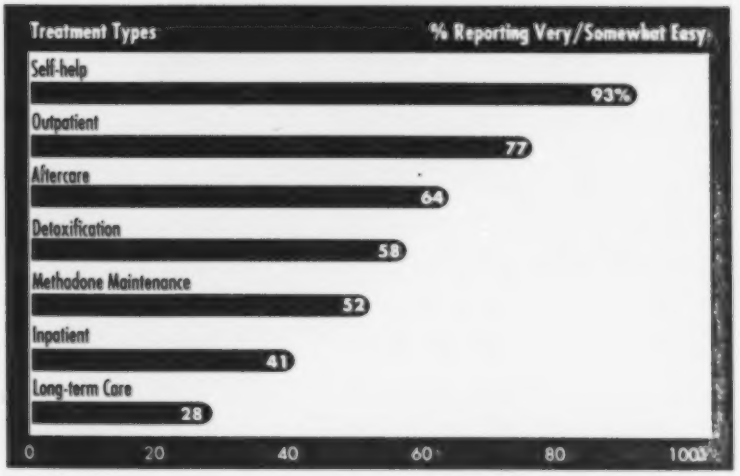
This said, the majority of respondents report that it is still very difficult to get most types of drug or alcohol treatment. One quarter of respondents (24%) report that access to treatment has actually declined in the past two years. A third (36%) said there has been no change and 29% say access has actually improved. We asked "how easy/difficult would you say it is for someone in your community to obtain the following types of treatment?" The answers are shown in Table 10. In general,

"As a Pretrial Services Officer in the US Court in Chicago, it was my job to refer people released on bond after being arrested to treatment if they needed it. The great irony was that, by getting arrested, these people could be placed into treatment right away. More than once, I actually placed people into methadone treatment one day after their arrests at the very same facility where they had been on the waiting list for weeks."

James Tibensky, Mitigation Specialist, Federal Defender Program, Chicago, IL

BEST COPY AVAILABLE

Table 10 Ease in Obtaining Types of Treatment (n=1,608)



it is relatively easy to find a self-help program and even some forms of outpatient treatment. On the other hand, inpatient detoxification and long-term residential treatment are very hard to obtain in most communities.

Coalition Characteristics In Communities Where the Substance Abuse Situation is Improving

Coalitions in communities with an improving substance abuse situation share important characteristics — solid strategic plans, increasing budgets and large numbers of volunteers. These similarities are highly useful "lessons" for coalitions and should be considered as they plan and implement community-wide strategies. Specifically, coalitions in communities with improving situations are more likely to share the following internal characteristics:

- a written strategic plan with attention to key programmatic areas such as: public awareness, prevention, early identification, law enforcement, and combating illicit drugs;
- growth in coalition membership;
- a large number of volunteers (more than 50);
- expanding the range of issues worked on, as well as the intensity with which such activities are undertaken. The most common program areas include alcohol abuse, illicit drug use, tobacco use, improved public awareness and public safety and changing public policy;
- current or former Center for Substance Abuse Prevention (CSAP) funding. Communities with coalitions that had CSAP grants were much more likely to report an improving substance abuse situation.

FINDING 5

Coalitions come in all shapes and sizes. There is no one 'ideal' type of coalition.

Coalitions differ in organizational structure, age, governance, and funding levels. They change over time, sometimes quite dramatically, in response to local circumstances. Data from this survey, and matched data from coalitions that responded to both this survey and the previous one, allows us to quantify the nature and level of change coalitions experienced organizationally over the past several years. The key findings are described below.

The Regional Drug Initiative (RDI) in Portland, Oregon, was formed by community leaders including the mayor, the police chief, the county executive, and key business people. RDI focuses on increasing public awareness and mobilizing the city's leadership and institutions to prevent substance abuse. One of its key activities is to track and publish Portland's drug trends each year, and recommend appropriate policy responses.

ORGANIZATIONAL CHARACTERISTICS OF COALITIONS

• TAKING THE LEAD

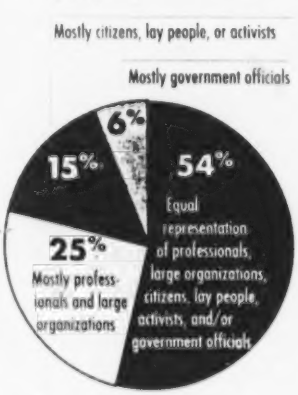
In this survey, we found that almost half of respondents, 1,608 out of 4,000, describe their coalitions as actively **taking the lead** to address challenges facing their communities. These 'lead' coalitions are involved with planning and directing programs and activities, and allocating resources.

• MEMBERSHIP AND SPONSORSHIP

We asked respondents about their coalition members and organizational type or sponsorship. As demonstrated in Table 11, the majority (54%) of coalitions have a membership that includes equal representation of professionals, citizens, activists and officials. This finding is consistent with our three previous surveys. Diverse membership is important because it facilitates the task of building community-wide support for substance abuse programs.

Membership representation evolves over time. Of the coalitions we heard from in both this survey and our previous one, 41% reported a change in membership. Change was not uni-directional. A majority of coalitions shifted toward equal representation. However, one-third of those who reported equal membership in the last survey said they had an increase in professional representation in this survey.

Table 11
Coalition Membership
(n=1,608)

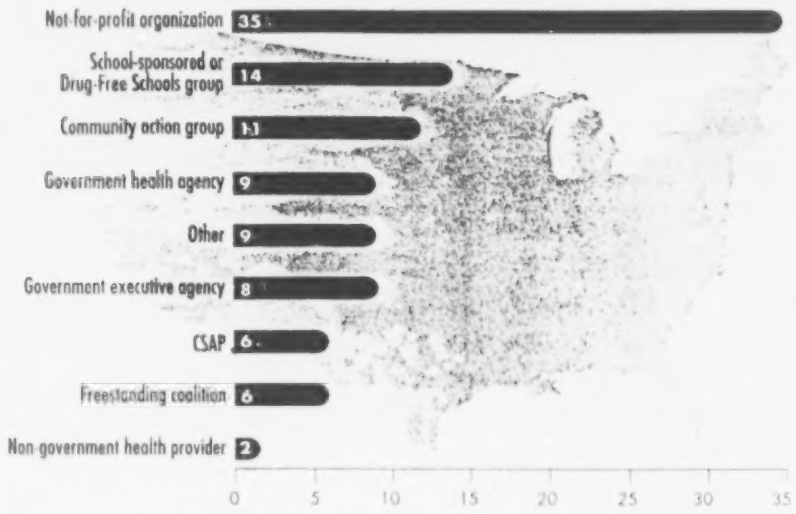


BEST COPY AVAILABLE

'Success' is a major incentive to involve people as volunteers. When coalitions develop a strategy for its volunteers, they should start with tasks that can be taken on with a high likelihood of success. These successes can help solidify people's participation and help form a lasting team.

From: Join Together's Lessons Learned Conference on How Efforts to Fight Substance Abuse Have Strengthened Civic Infrastructure.

Table 12 Types of Coalitions that Participated in the Survey (n=1,608)



Coalition type (sponsorship) generally falls into one of three broad categories: community-based, government-sponsored, and non-government/non-profit. Table 12 above displays the distribution of coalitions that participated in this survey. Half or more of each organizational type listed report that their membership is equally represented by professionals, citizens, activists and officials.

• Staff and Volunteers

Staff and volunteers are important elements in the success of coalitions. In our survey, most coalitions report a relatively small staff. One third (33%) report having less than three staff members. There has been no significant change in the average number of staff members since 1996.

"During local PTA meetings, we discuss current neighborhood concerns and possible solutions. Once the issues are identified, a coordinated effort takes place to unite local resources and community volunteers."

Dr. Harold Shinitsky, Dept. of Pediatrics, Johns Hopkins Univ. School of Medicine, Baltimore, MD

Volunteers can expand the reach and therefore the effectiveness of coalitions. Almost every coalition (90%) relies on volunteers. Overall, 35% of responding coalitions report between 1-10 volunteers, a result consistent with our 1996 survey.

• Funding

As demonstrated in Table 13 on the following page, many coalitions operate with small budgets. About half of them (47%) have annual budgets of $100,000 or less. The bulk of their funding originates from public sources including federal, state, and local (see Table 14 on the following page). The federal government is the single largest funding source, but ironically, a majority of coalitions (70%) report that they do not receive any federal funding. Foundations, sales and dues, and other private sources account for 22% of coalitions' total funding sources.

BEST COPY AVAILABLE

Table 13 Percentage of Coalitions by Annual Budget Category Comparison 1996 (n=1,910) to 1998* (n=1,608)

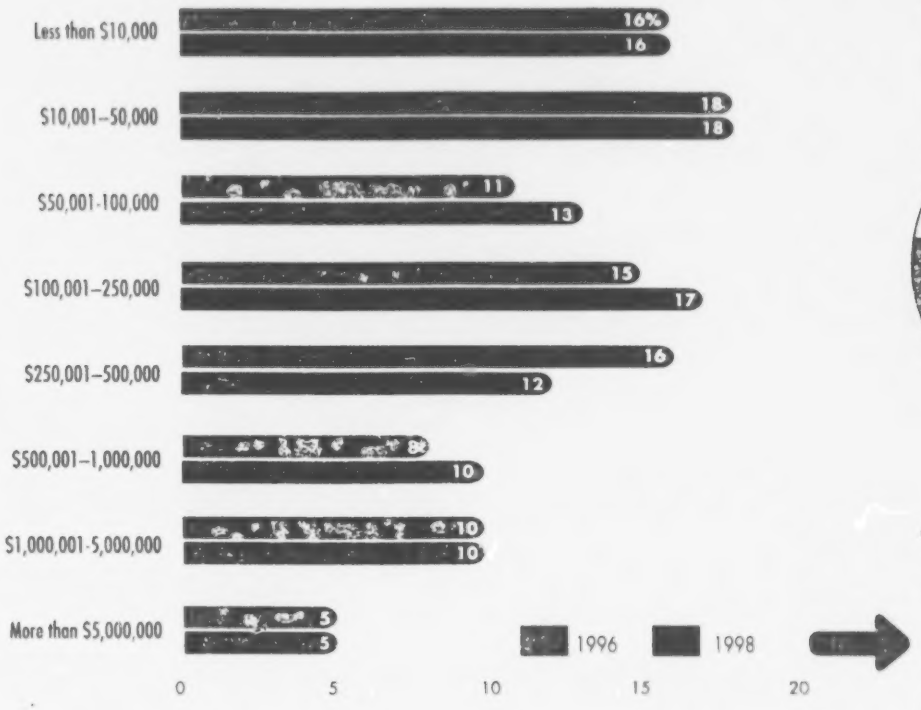
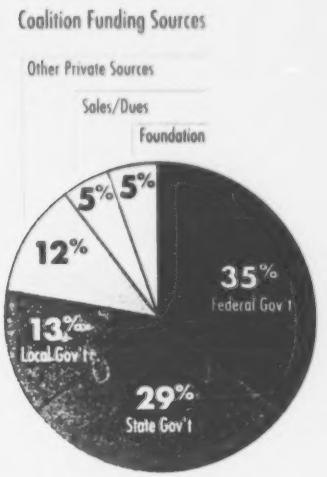


Table 14 Budget Source by Coalition (n=1,608)



* Budget levels appear consistent from '96 to '98 . . . but 50% of respondents said they did experience a significant budget change over the past two years. Responses gathered in 1998 are reported in this latest, 1999, survey report.

We examined funding levels for the 309 matched coalitions which responded to both the third and fourth surveys. Overall, nothing changed. However, this consistency masks great volatility among individual coalition funding levels over the past two years. Approximately 50% of respondents experienced a significant budget shift from the third survey to the fourth. About half had budget increases and half had decreases.

Community Foundations

A community foundation is a collection of individual funds and contributions given by local citizens to enhance the quality of life in their community. More than 320 such foundations exist. Collectively, these community foundations hold more than $12.5 billion in assets and annually contribute over $700 million to numerous programs. Several foundations specifically support efforts to reduce substance abuse.

Citizens should get in touch with their community foundations to let them know that substance abuse and gun violence are priorities in their communities. For more information, contact the Council on Foundations at www.cof.org.

A quarter-cent sales tax, approved twice by voters, devoted to fighting drugs in Kansas City, MO, has been used successfully for seven years to support local law enforcement, treatment and prevention programs. The sales tax on Jackson County residents is credited with increasing drug-related prosecutions and increasing referrals to treatment. In 1995, 71% of local residents voted to renew the tax.

BEST COPY AVAILABLE

Many coalitions receive a majority (75% or more) of their funds from public sources. Relatively few coalitions receive the majority of their funds from private sources. We examined whether funding source was correlated with coalitions' involvement in public policy. It appears that coalitions which are heavily publicly-funded are much more likely to be involved in efforts to pass laws on drinking and driving, alcohol and tobacco regulation and taxation, and gun regulation. For example, 75% of coalitions that receive a majority of their funds from public sources reported that they were involved in passing laws on smoking regulation. Only 11% of groups who receive most of their funds from private sources reported involvement on that same issue.

Stages of Organizational Development:

- **RAPID INITIAL GROWTH — Most organizations start out with a clear purpose and a lot of energy. Organizations in this early phase have a compelling vision, and they are propelled to make it happen.**
- **STABILITY — After an initial period of creative excitement, the organization enters stability or managed growth. It builds structure to ensure that its purpose is carried out consistently. During this phase, groups lose the ability to innovate and respond to the marketplace.**
- **RENEWAL OR DECLINE — The organization reaches a point where it needs to change. An opportunity to begin a new phase begins with visioning and revisiting the values and mission of the organization to see new possibilities.**

Scott C., Jaffe D., and Tobe G., "Organizational Vision, Values, and Mission," Crisp Publications, 1993.

• COALITION AGE

Coalitions are organizational alliances. And like any organization, coalitions go through predictable stages of development. These stages include **rapid initial growth, stability,** and then **renewal or decline**. Our data suggest that the many current coalitions are at risk for instability or decline. To gain further insight, we analyzed the age range of coalitions and related characteristics.

The majority of coalitions in our survey are between 6-10 years old. Every organizational type has some coalitions that can be classified as 'long-term alliances,' in operation for more than 10 years. Coalitions in the matched data set (third and fourth survey respondents) have an average age of 10 years, indicating that they are well established in their communities.

Older coalitions are different than newly formed coalitions. Older coalitions (more than 10 years old) tend to operate with significantly larger budgets, and are more likely to get funding from state agencies. Younger organizations (less than 5 years old) are generally experiencing budget growth, but are working from smaller funding bases. Older coalitions are more likely to address treatment, while younger coalitions tend to focus on prevention and public policy change. Significantly, older coalitions are more likely to report that they are having a direct impact on reducing alcohol and drug abuse in their communities, and measure their impact through quantitative measures, such as surveys or regular monitoring studies.

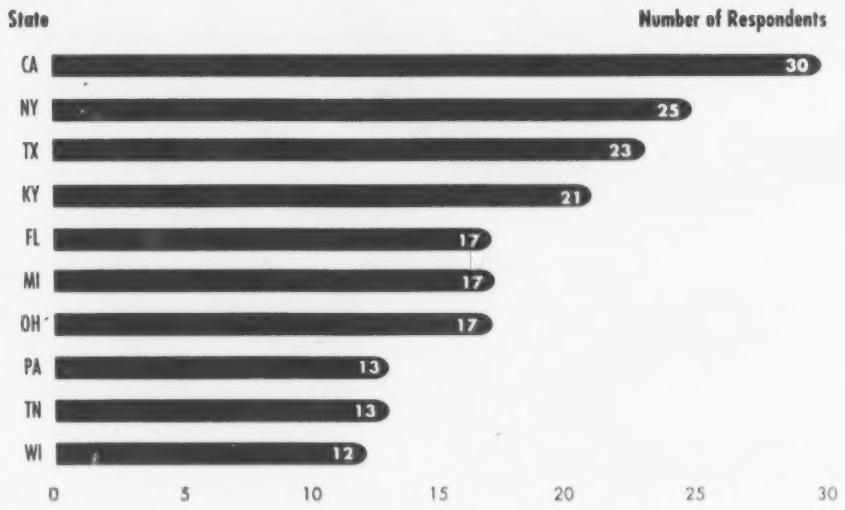
BEST COPY AVAILABLE

FINDING 6

Many coalitions are taking an active role to prevent gun violence in their communities.

Join Together added a series of survey questions on gun violence prevention in this year's survey. We wanted to better understand and describe community-level activity on this issue. We were surprised to find that many groups, 28%, report that their organizations somewhat or extensively address gun violence prevention. And many leaders report that they are involved with advocacy efforts, and are having an impact.

Table 15 States with Multiple Coalition Respondents involved in Reducing Gun Violence (n=1,608)



There is evidence of a significant movement against gun violence in every state. Table 15 above lists states with the highest number of coalition respondents working on this issue. Over three hundred respondents, 22%, indicated that in the past two years, new coalitions have emerged in their communities around this issue. Of coalitions that report having written strategic plans, 15% included gun violence prevention as one of the elements. Furthermore, 12% of respondents told us gun violence prevention is one of the top three areas in which they believe their organization needs the most assistance.

The Orange County Citizens for the Prevention of Gun Violence is a county-wide grassroots organization founded in 1995 by parents who lost a son to gun violence. The coalition provides education and advocacy for gun violence prevention at the local, state and national levels. The group collaborates with many other organizations in Orange County as well as regional, state and national groups. Membership includes all people who share the goal of reducing gun violence.

The incidence of fatal and nonfatal firearm injuries in a rural N. Carolina county was examined, and showed that alcohol was involved in 25% of homicides or assaults. Sadowski, L.S. et al. "Nonfatal and Fatal Firearm Injuries in a Rural County." *Journal of the American Medical Assn.*, 275(22): 1762-64, 1996.

BEST COPY AVAILABLE

Photography: Jay Mallin/Impact Visuals

The Silent March: 9,000 pairs of shoes representing victims of firearm deaths placed in protest on the front lawn of the US Capitol.

POLICY MATTERS:

Gun violence is preventable. Public policies can complement and bolster the efforts of voluntary groups and individuals to reduce and prevent the deaths and injuries caused by guns. A review of current state gun laws shows that every state has laws on its books. Every state has gun-free school zones, and most have passed juvenile possession and sale/transfer laws. Fewer states have laws or regulations that deal with licensing, registration, or child access protection.

We asked respondents if any laws, ordinances or regulations on guns had been enacted in their communities or states since 1995. Twenty-six percent (26%) of respondents reported "yes," that laws or regulations had been passed or were in the process of being passed. In those communities, a third of respondents indicated that they had been actively involved with passing the measure.

Table 16 on the following page displays the policy opinions of community leaders. These results show quite clearly that gun policies would be very different if community leaders' preferences were followed. Nearly 100% of respondents say that safety training should be required for all gun owners. More than 90% support requiring childproofing all guns and holding the firearm industry accountable for safety defects in their products. A majority of respondents believe that taxes on guns and ammunition should be increased.

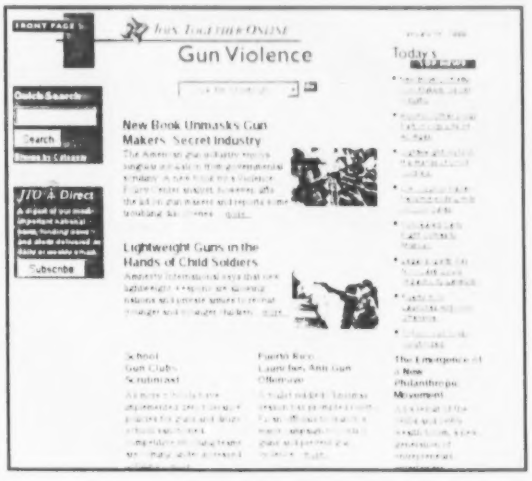
The national consensus reported in Table 16 masks important regional differences on some issues. Respondents from the central and upper mid-western states were much more likely to be opposed to the policies listed above. For example, while 85% of all respondents nationwide support increasing restrictions on handguns,

The 2,000 members of The Connecticut Coalition Against Gun Violence and more than 40 local and state-based organizations helped pass the 1998 Handgun Safety Law in CT. The law mandates background checks for all persons applying for handgun permits; trigger locks on all handguns sold; and the tracing of all guns found or seized in a crime.

A 1998 Harris poll on gun control found the following:

- **Two-thirds of all adults favor stricter control of handguns, and gun control in general.**
- **A substantial, but smaller, majority of gun owners favor stricter controls.**
- **Gun ownership appears to be declining.**

The Harris Poll #25, 5/27/98

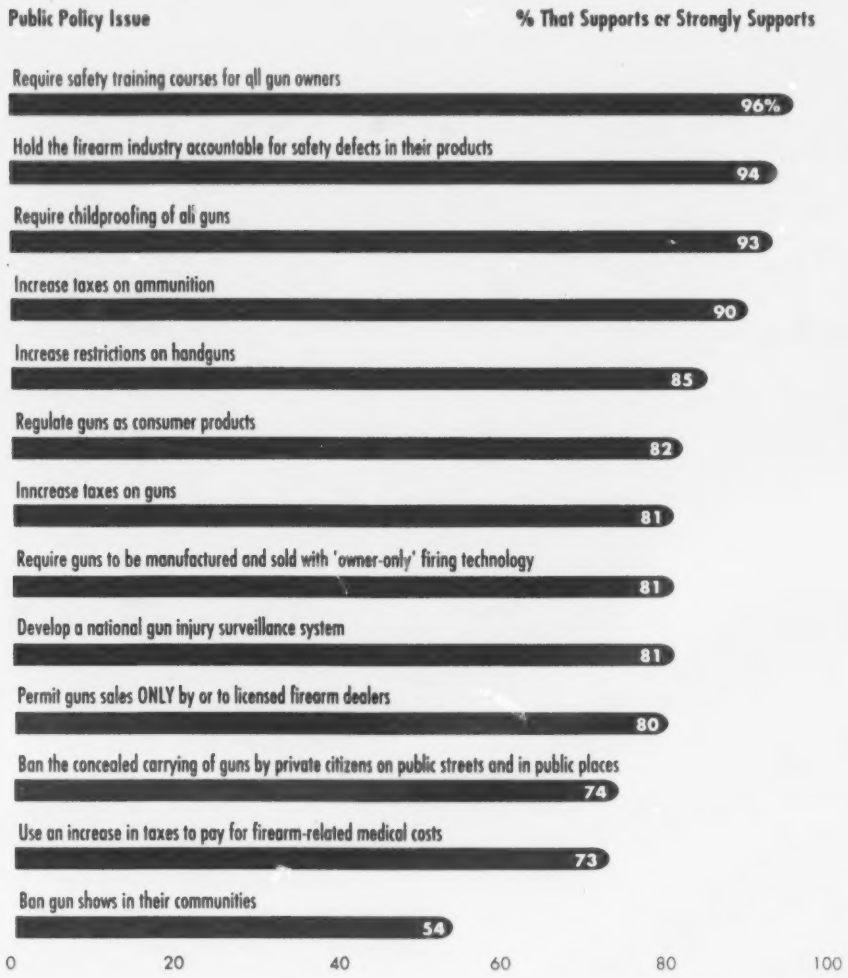


JOIN TOGETHER:
a resource for communities fighting gun violence.

www.jointogether.org

BEST COPY AVAILABLE

Table 16 Public Policy Preferences of Community Leaders (n=1,608)



Photography: Larry Hamill

Artist Steve Canneto of Columbus, Ohio, created "Memorial to Our Lost Children." The memorial is a broken house, symbolizing the impact of violence on communities and families. Canneto is partnering with local individuals, support groups, and state agencies to build, transport and display the memorial. Projects are underway to create similar memorials for other cities.

more than 30% of respondents from Missouri, Montana, Nevada, S. Dakota, Virginia, and Washington were opposed to this measure. Additionally, more than 25% of respondents from S. Dakota, Washington, and Wyoming are opposed to requiring childproofing of all guns.

In sum, gun violence prevention appears to be gaining salience among community leaders. New coalitions are emerging, and existing coalitions are expanding their efforts to include gun violence prevention activities. A number of groups include gun violence prevention in their strategic plans. Citizens are actively seeking to change policies so that they are more supportive of preventing and reducing gun violence.

FACT:

In 1996, handguns were the cause of death for:

13 people in Australia,

15 in Japan,

30 in Great Britain,

106 in Canada, and

9,390 in the U.S.

BEST COPY AVAILABLE

Methodology

This fourth national survey, which was released in February of 1999, contains data that was gathered in 1998. However, the process began even earlier. During 1997, we gathered mailing lists from agencies and organizations across the nation to identify groups that might be coalitions, task forces, partnerships, or action groups working to reduce the harms from substance abuse and related problems. We combined these new lists with existing contacts from our database to develop a mailing list for Join Together's fourth national survey. For the first time, we also included groups that are working on gun violence prevention issues.

The survey was mailed to approximately 60,000 organizations in early 1998. We also conducted a follow-up mailing, targeting organizations that had participated in our previous surveys, particularly, the '96 survey.

Overall, more than 4,000 people responded to the Join Together survey. Every state is well-represented. The report is based primarily on responses from 1,608 coalitions (40%) that describe themselves as actively taking the lead to address challenges facing their communities. Lead coalitions are defined as "leading or sponsoring a task force, consortium, or coalition that plans and/or directs alcohol, tobacco, or other drug-related programs, activities, policies, and/or resource allocation." Lead coalitions complete sections of the survey which pertain to their organizational description, goals and activities (non-lead coalitions do not supply this detailed information.) It is for that reason that we focus on the responses of lead coalitions. For the sections that both lead and non-lead respondents participate in, answers are not significantly different.

We also heard from an important subset of respondents — organizations that participated in both the third and fourth surveys. There were a total of 309 coalitions in this subset. We were able to match and analyze their responses. This matched data provides insight and helps to quantify the nature and level of change coalitions experienced both internally and externally, over the past several years.

The survey instrument was updated and modified from our previous surveys, but contains many of the same questions. A copy is attached for your review.

Groups that were contacted for mailing lists:

State alcohol and drug agencies

State criminal justice agencies

State Drug-Free Schools Coordinators

State health and social service agencies

State highway safety agencies

National groups: MADD, APHA, violence prevention organizations

BEST COPY AVAILABLE

JOIN TOGETHER
441 Stuart Street • Seventh Floor • Boston, MA 02116
www.jointogether.org | www.quitnet.org

SAMPLE COPY

FOURTH NATIONAL SURVEY

JOIN TOGETHER, in collaboration with the Boston University School of Public Health, is conducting a fourth national survey of organizations fighting substance abuse. JOIN TOGETHER is funded primarily by The Robert Wood Johnson Foundation to help strengthen communities fighting substance abuse. The information you provide will form the basis of a major report to focus public attention on the work and needs of organizations like yours. This report will be distributed to everyone who completes a questionnaire and over *25,000* other community and national leaders and policymakers in 1998.

The survey will take approximately 20 minutes to complete. Your answers will be strictly confidential and your organization will not be cited in any reports without your permission. If you have any questions about this survey or about JOIN TOGETHER, please call 617-437-1500, weekdays between 9:00 a.m. and 5:00 p.m. (est). Please answer the questionnaire based on the experiences of your substance abuse coalition or organization. A self-addressed, stamped envelope is enclosed. Please mail it back TODAY to:

JOIN TOGETHER National Survey, 441 Stuart Street, 7th Floor, Boston, MA 02116

I. DESCRIPTION OF YOUR ORGANIZATION

1. Organization Name _____

2. Mailing Address _____

(Street Address) _____

(City) _____ (State) _____ (Zip) _____

3. Phone ( ) _____

Fax ( ) _____

E-mail _____

4. Name _____

Title _____

5. Does your organization **lead, sponsor, or participate** in a task force, consortium, or coalition that plans and/or directs alcohol, tobacco, or other drug-related programs, activities, policies, and/or resource allocation? (CHECK ONE)

- ☐ (1) No **IF NO, please go to Section III "Community Report Card," p. 5**
- ☐ (2) Yes, lead or sponsor
- ☐ (3) Yes, participate. Lead organization is (Specify) _____

6. How long has your organization led/sponsored or participated in a coalition? _____ years

7. How has the size of your coalition changed since 1995?
☐ (1) Increased ☐ (2) Stayed the same ☐ (3) Decreased

8. Which ONE of the following best describes the membership of your task force, consortium, or coalition? (CHECK ONE)

- ☐ (1) Mostly professionals & large organizations
- ☐ (2) Mostly citizens, lay people, or activists
- ☐ (3) Mostly government officials
- ☐ (4) There is equal representation of professionals, large organizations, citizens, lay people, activists, and/or government officials

9. Which ONE of the following BEST describes your organization? (CHECK ONE)

(1) CSAP Partnership

(2) Community action group

(3) Freestanding coalition

(4) Government executive agency

(5) Government health agency

(6) Non-government health provider

(7) Not-for-profit organization

(8) School-sponsored or Drug-Free Schools group

(9) Other (Specify)_____

10. Approximately how many people reside in the target area your organization seeks to impact? (CHECK ONE)

(1) Fewer than 10,000

(2) 10,001 to 50,000

(3) 50,001 to 100,000

(4) 100,001 to 500,000

(5) More than 500,000

11. Approximately what percentage of your organization's budget for alcohol, tobacco or other drug activities comes from the following sources: (Please make sure the total equals 100%.)

a. Federal government:

Direct from agency _____%

Via block grant _____%

Other _____%

b. State government _____%

c. Local government _____%

d. Foundation _____%

e. Corporate/Business _____%

f. Other private source _____%

g. Sales or dues _____%

100%

11a. What federal, state, or local agency do you receive funding from? (CHECK ALL THAT APPLY)

a. None

b. U.S. Dept. of Health & Human Services

c.U.S. Dept. of Housing & Urban Development or Byrne grant

d. U.S. Dept. of Dept. of Justice

e. U.S. Dept. of Dept. of Education

f. National Highway Traffic Safety Administration organization

g. Other federal agency
(Specify)_____

h.State Drug & Alcohol Agency

(Specify) _____

I. State Criminal Justice system

j. Local government

k. Local school system

l. Local health care

m. Other state or local agency

(Specify) _____

12. What is the **annual budget** your organization devotes to alcohol, tobacco, or other drug-related activities? (CHECK ONE)

(1) Less than $10,000

(2) $10,001 to $50,000

(3) $50,001 to 100,000

(4) $100,001 to $250,000

(5) $250,001 to $500,000

(6) $500,001 to 1,000,000

(7) $1,000,001 to 5,000,000

(8) more than $5,000,000

13. What **percent** of your organization's total annual budget is devoted to alcohol, tobacco, and other drug related activities?

_____%

14. How has your organization's budget changed over the past two years?

(1) Increased

(2) Stayed the same/no significant change

(3) Decreased

15. How many paid full-time equivalent STAFF (FTE) work on alcohol or other drug-related activities (count two people working half-time on alcohol or other drug activities as one FTE)? (CHECK ONE)

- (1) None
- (2) Fewer than 3
- (3) 3 to 5
- (4) 5.1 to 7
- (5) 7.1 to 10
- (6) 10.1 to 20
- (7) more than 20

16. How many VOLUNTEERS contribute to your organization's alcohol and other drug activities? (CHECK ONE)

- (1) None
- (2) 1 to 10
- (3) 11 to 25
- (4) 26 to 50
- (5) more than 50

II. ORGANIZATIONAL GOALS AND ACTIVITIES

1. What percentage of your program efforts is specifically targeted to reach the following groups? (Total should equal 100%)

a. High risk youth _____%

b. General youth population _____%

c. Adults _____%

d. Pregnant teens _____%

e. Drop-outs _____%

f. Juvenile offenders _____%

g. Adult offenders _____%

h. Elected officials _____%

i. Service agencies _____%

j. Other (Specify) _____ _____%

100%

2. Please circle the extent to which your organization addresses each topic below. Also, circle the extent to which your organization's activities in these areas has changed in the past TWO years.

TOPIC	EXTENT				CHANGES IN THE PAST TWO YEARS		
	Not at all	A little	Some	Extensively	Increased	Stayed the same	Decreased
(a) Prevention	1	2	3	4	1	2	3
(b) Early identification	1	2	3	4	1	2	3
(c) Treatment	1	2	3	4	1	2	3
(d) Aftercare	1	2	3	4	1	2	3
(e) Planning of system-wide programs	1	2	3	4	1	2	3
(f) Alcohol use	1	2	3	4	1	2	3
(g) Illicit drug use	1	2	3	4	1	2	3
(h) Tobacco use	1	2	3	4	1	2	3
(i) Alcohol/drug-related crime	1	2	3	4	1	2	3
(j) Alcohol/drug-related health problems	1	2	3	4	1	2	3
(k) Impaired driving	1	2	3	4	1	2	3
(l) Public awareness	1	2	3	4	1	2	3
(m) Public safety	1	2	3	4	1	2	3
(n) Public policy	1	2	3	4	1	2	3
(o) Community economic development & jobs	1	2	3	4	1	2	3
(p) HIV/AID	1	2	3	4	1	2	3
(q) Gun violence prevention	1	2	3	4	1	2	3

3. In the past TWO years, have new coalitions emerged in your community around the following issues? (Please circle **one** response for each item.)

	Yes	No	Don't know
a. Substance abuse	1	2	3
b. Violence	1	2	3
c. HIV/AIDS	1	2	3
d. Tobacco use	1	2	3
e. Gun violence prevention	1	2	3

4. Many organizations have WRITTEN strategic plans to guide their work in dealing with substance abuse in their communities. Does your organization have a written strategic plan ?

☐ (1) Yes ☐ (2) No ☐ (3) Don't know

(If No *or* Don't know, *skip to #5)*

4a: IF YES, please indicate the activities and organizational processes that are included in your organization's WRITTEN strategic plan. (CHECK ALL THAT APPLY.)

- ☐ a. Public awareness
- ☐ b. Prevention
- ☐ c. Early identification
- ☐ d. Treatment
- ☐ e. Aftercare
- ☐ f. Job training
- ☐ g. Law enforcement
- ☐ h. Illicit drugs
- ☐ I Alcohol regulation
- ☐ j. Underage drinking
- ☐ k. Tobacco control
- ☐ l. Funding for substance abuse services
- ☐ m. Community development
- ☐ n. Public policy
- ☐ o. Gun violence prevention
- ☐ p. Recruiting new leadership for our coalition
- ☐ q. Building alliances with other organizations
- ☐ r. Other (Specify) _____

4b: IF YES, Does the written strategic plan have measurable objectives?

☐ (1) Yes ☐ (2) No ☐ (3) Unsure, Don't Know

5. Is there a single office in your city or county government that oversees the development and implementation of a community-wide strategy to reduce the harms from substance abuse?

☐ (1) Yes ☐ (2) No ☐ (3) Unsure, Don't Know

6. Since 1995, have there been any laws, ordinances or regulations passed by your local or state government to address the following issues? IF YES, please indicate whether your organization was involved in the passing of the measure. (Please circle your response(s))

	Yes	In progress	No	Don't Know	We were involved	We were not involved
a.Drinking and driving	1	2	3	4	1	2
b.Alcohol regulation	1	2	3	4	1	2
c.Alcohol taxation	1	2	3	4	1	2
d.Smoking regulation	1	2	3	4	1	2
e.Tobacco taxation	1	2	3	4	1	2
f.Gun regulation	1	2	3	4	1	2

7. Listed below are some of the things communities often do to deal with substance abuse problems. Has your coalition been influential in bringing about any of these changes in your community? (Please circle one response for each item.)

	We were very influential	We were somewhat influential	We had no effect	Not applicable
a. Interorganizational collaboration regarding substance abuse	1	2	3	4
b. Increasing prevention programs	1	2	3	4
c. Increasing treatment programs	1	2	3	4
d. Implementation of alcohol/drug-free workplace programs	1	2	3	4
e. Implementation of smoke-free workplace programs	1	2	3	4
f. Initiating and sustaining systematic community planning to reduce substance abuse	1	2	3	4
g. Increasing citizen participation in public safety efforts	1	2	3	4
h. Increasing job creation or workforce expansion	1	2	3	4
i. Increasing citizen participation in gun violence prevention	1	2	3	4

BEST COPY AVAILABLE

8. Has your coalition had a **direct impact** on reducing any of the following in your community? (Please circle one response for each item.)

	Yes	No	Don't Know
a. Alcohol abuse	1	2	3
b. Tobacco use	1	2	3
c. Illicit drug use	1	2	3
d. Gun violence	1	2	3

8a: IF YES, how do you know? (CHECK ALL THAT APPLY)

- ☐ a. Community- or school-wide surveys showing reduction
- ☐ b. Regular monitoring studies
- ☐ c. Official statistics compiled at the federal, state, or local levels
- ☐ d. Change in public policy(ies)
- ☐ e. Expanded substance abuse treatment programs
- ☐ f. Increased media attention to substance abuse and its related problems
- ☐ g. Feedback from the community
- ☐ h. Continuation of funding
- ☐ i. New or expanded prevention education in schools
- ☐ j. New community programs for kids (e.g., recreation, sports, drama)
- ☐ k. Other (Specify) _____

9. Compared to FIVE years ago (or less if your organization is younger) please rate the following statements. Is your organization now more or less likely to :

	More likely	About the same	Less likely
a. Work in isolation from other groups	1	2	3
b. Have access to current information on what works in the substance abuse field	1	2	3
c. Be involved in a broader range of substance abuse issues	1	2	3
d. Be involved in efforts to change public policy	1	2	3
e. Have more attendance at coalition meetings	1	2	3
f. Have a stronger standing in the community	1	2	3
g. Be involved in gun violence prevention issues	1	2	3

III. COMMUNITY REPORT CARD

1. How would **YOU** assess the current efforts of the following groups in addressing substance abuse in your community? (Please circle one response for each item.)

	Poor	Fair	Good	Excellent	No opinion Don't Know
a. Local government	1	2	3	4	5
b. Local law enforcement	1	2	3	4	5
c. Courts	1	2	3	4	5
d. Schools	1	2	3	4	5
e. Business	1	2	3	4	5
f. Labor	1	2	3	4	5
g. Religious organizations	1	2	3	4	5
h. Civic or fraternal organizations	1	2	3	4	5
i. Media	1	2	3	4	5
j. Health care providers	1	2	3	4	5
k. Local funders	1	2	3	4	5
l. State government	1	2	3	4	5
m. Federal government	1	2	3	4	5

2. Has the amount of attention given to substance abuse since 1995 by the following increased, stayed the same or decreased? (Please circle one response for each item.)

	Increased	Stayed the same	Decreased
a. Local mayor/manager	1	2	3
b. Governor	1	2	3
c. State legislature	1	2	3
d. U.S. Congress	1	2	3
e. Local media	1	2	3
f. Schools	1	2	3

BEST COPY AVAILABLE

3. In the past TWO years, has access to alcohol and drug treatment increased, stayed the same, or decreased in your community?

Increased	Stayed the same	Decreased	Don't know
(1)	(2)	(3)	(4)

3a. How easy would you say it is for someone in your community to obtain the following types of treatment?

	Very easy	Somewhat easy	Somewhat difficult	Very difficult	Don't know
a. Detoxification	1	2	3	4	5
b. Inpatient care	1	2	3	4	5
c. Long-term residential care	1	2	3	4	5
d. Methadone maintenance programs	1	2	3	4	5
e. Outpatient alcohol and drug programs	1	2	3	4	5
f. Aftercare programs	1	2	3	4	5
g. Self-help programs for alcohol and drugs (AA, NA)	1	2	3	4	5

3b. Are there publicly available estimates of the numbers of people in your community who need treatment for alcohol and drug abuse problems?

(1) Yes (2) No (3) Don't know

4. In the past TWO years, police enforcement of substance abuse-related laws in your community has:

Increased	Stayed the same	Decreased	Don't know
(1)	(2)	(3)	(4)

5. Compared to the last TWO years, is the overall substance abuse situation in your community: (CHECK ONE)

Getting better	Remaining about the same	Getting worse	Unsure, Don't know No opinion
(1)	(2)	(3)	(4)

6. Compared to the last TWO years, are the efforts of citizens to mobilize and address substance abuse problems in your community: (CHECK ONE)

Getting better	Remaining about the same	Getting worse	Unsure, don't know no opinion
(1)	(2)	(3)	(4)

7. Is there an annual report produced by your city's government which details its plans and progress in reducing the abuse of alcohol, tobacco, marijuana, and other illicit drugs?

(1) Yes (2) No (3) Don't know

8. Have the schools in your community implemented substance abuse education curricula which has been found to be to effective by an independent evaluation(s)?

(1) Yes (2) No (3) Don't know

8a. If yes, please specify those grades in which the programs have been implemented (CHECK ALL THAT APPLY).

(a) elementary school

(b) middle school

(c) high school

(d) there are no substance abuse education programs in the schools

(e) other,
please specify_____

8b. IF YES, since 1995, have additional resources been directed to the substance abuse education programs?

(1) Yes (2) No (3) Don't know

9. Does your community have programs (e.g. sting operations/ compliance checks) to test whether underage youth are sold:

9 a. alcohol?

(1) Yes (2) No (3) Don't know

9b. tobacco?

(1) Yes (2) No (3) Don't know

BEST COPY AVAILABLE

10. Are periodic, publicly reported surveys conducted in the community's schools to assess trends in substance use by students?

(1) Yes (2) No (3) Don't know

11. If there are colleges in your community, are their representatives working collaboratively with the city government to reduce underage drinking on campus?

(1) Yes (2) No (3) Don't know (4) N/A

11a. IF YES, are college students involved in this process?

(1) Yes (2) No (3) Don't know

IV. PUBLIC POLICY ISSUES

1. Would YOU personally support or oppose the following changes in public policy? Please check the ONE response for each item which BEST reflects your opinion.

	Strongly Support (1)	Support (2)	Oppose (3)	Strongly Oppose (4)
a. Increase taxes on alcohol	___	___	___	___
b. Restrict alcohol advertising	___	___	___	___
c. Restrict tobacco advertising	___	___	___	___
d. Lower legal blood alcohol content (BAC) level for adult drivers	___	___	___	___
e. Repealing mandatory minimum sentences for low-level, non-violent offenders	___	___	___	___
f. Increase funds for treatment on demand	___	___	___	___
g. Mandatory treatment instead of jail for non-violent offenders	___	___	___	___
h. Increase local police enforcement of drug and alcohol laws	___	___	___	___
i. Send block grant funds directly to public/private coalitions	___	___	___	___
j. Decriminalize illicit drug sale	___	___	___	___
k. Decriminalize illicit drug possession	___	___	___	___
l. Increase penalties for illicit drug sale	___	___	___	___
m. Increase penalties for illicit drug possession	___	___	___	___
n. Increase local enforcement of underage smoking laws	___	___	___	___
o. Needle exchanges for intravenous drug users	___	___	___	___
p. Random drug testing in the workplace	___	___	___	___
q. Random drug testing in the schools	___	___	___	___
r. Mandatory treatment for drunk driving offenders	___	___	___	___
s. Making it illegal for drunk driving offenders to drive after consuming any alcohol	___	___	___	___
t. Increase treatment availability to all who demand it	___	___	___	___
u. Requiring broadcasters to provide equal air time for counter-advertising	___	___	___	___
v. Increase restrictions on handguns	___	___	___	___
w. Increase taxes on guns	___	___	___	___
x. Increase taxes on ammunition	___	___	___	___
y. Use increase in taxes to pay for firearm-related medical costs	___	___	___	___
z. A national gun injury surveillance system	___	___	___	___
aa. Regulate guns as consumer products	___	___	___	___
bb. Require childproofing of all guns	___	___	___	___
cc. Require safety training courses for all gun owners	___	___	___	___
dd. Permitting gun sales ONLY by or to licensed firearms dealers gun owners	___	___	___	___
ee. Banning gun shows in your community	___	___	___	___
ff. Holding the firearm industry accountable for safety defects in their products	___	___	___	___
gg. Banning the concealed carrying of guns by private citizens on public streets and in public places	___	___	___	___
hh. Requiring guns to be manufactured and sold with 'owner-only' firing technology	___	___	___	___

2. What percentage distribution of federal spending do you believe would be most effective in reducing the harm from substance abuse? (Please make sure the total equals 100%.)

a. Prevention/Education _____ %

b. Treatment/Recovery _____ %

c. Local law enforcement _____ %

d. International interdiction _____ %

e. Other (Specify)_____ _____ %

100%

3. Has your community passed ordinances that restrict smoking in the following locations?

	Yes	No	Don't know
a. Restaurants	1	2	3
b. Shopping Malls	1	2	3
c. Public Schools	1	2	3
d. Public Buildings	1	2	3

4. During 1997, the Attorneys General from 22 states and representatives from several tobacco companies reached a settlement ('global tobacco settlement') which was proposed to Congress in June, 1997. Do YOU support or oppose the following provisions outlined in the global tobacco settlement? Please check the ONE response for each item which BEST reflects your opinion.

	Strongly Support (1)	Support (2)	Oppose (3)	Strongly Oppose (4)
a. Giving the Food and Drug Administration unrestricted authority to regulate nicotine	___	___	___	___
b. Increased penalties to the tobacco industry for failure to reduce teen smoking to specified levels	___	___	___	___
c. Prohibition of future class action lawsuits against the tobacco industry	___	___	___	___
d. Elimination of the award of punitive damages assessed against tobacco companies in future lawsuits	___	___	___	___
e. Please rate how you feel about the global tobacco settlement overall	___	___	___	___

V. JOIN TOGETHER AND YOU

1. Has your organization received or used information or services from Join Together?

(1) Yes (2) No (3) Don't know

1a. IF YES, which Join Together services have been MOST helpful to your organization in the past year? (CHECK ALL THAT APPLY)

a. Join Together Online (www.jointogether.org)

b. Strategies, the quarterly publication

c. Technical assistance

c. Survey reports

d. Public policy reports & information

e. Monthly Action Kits

f. Other (Specify) _____

2. Do you use Join Together's website, Join Together Online? (www.jointogether.org)

(1) Daily (4) Infrequently

(2) Weekly (5) Never

(3) Monthly

3. Please check the THREE areas which you believe your organization needs the MOST assistance.
(Please check no more than THREE areas)

a. School/community prevention and education

b. Media advocacy/communications

c. Strategy development

d. Leadership development

e. Volunteer recruitment and training

f. Gun violence prevention

BEST COPY AVAILABLE

In communities where the substance abuse situation is improving, coalitions and communities are more likely to have certain characteristics.

How does YOUR coalition and community measure up?

Does your community have...

- A written strategic plan with measurable objectives to reduce, prevent and treat substance abuse?
- A single office in the city/town government responsible for carrying out the local substance abuse strategy?
- A responsive local government?
- An annual "report card" detailing the community's strategy and the progress being made to reduce substance abuse?
- Volunteers actively participating in these efforts?
- Increasing access to treatment services?
- Publicly reported school surveys?
- A coalition that has been in operation for more than 10 years?
- New coalitions forming to respond to local problems?
- Efforts to change public policy?
- Systematic community planning to reduce substance abuse by expanding/increasing prevention, treatment, aftercare, economic development and job training?

BEST COPY AVAILABLE

Strategy Matters

Communities across the country tell us that if they have a written strategy and involve a wide range of groups in their efforts to fight substance abuse, they are more likely to be effective. To help you think strategically, we encourage you to ask yourself the following basic questions:

1. **What harms from substance abuse are you trying to reduce in your community?**
2. **How are you accomplishing this?**
3. **Who else in your community is already involved? What other groups could get involved?**
4. **How can you work collaboratively with others?**
5. **How will you know you are making a difference?**

Strategies should be comprehensive and address prevention, treatment, public safety/law enforcement, jobs and economic development.

BEST COPY AVAILABLE

About Join Together

Join Together is a national resource for communities fighting substance abuse and gun violence.

Join Together initiatives include:

- Award winning websites. Join Together Online (www.jointogether.org) connects people across the country electronically to share successful strategies and provides the latest information on substance abuse and gun violence prevention. The QuitNet (www.quitnet.org) gives smokers and tobacco control professionals access to interactive quitting tools, peer to peer support, news and information.
- Public policy panels to help communities identify and overcome policy barriers that hamper their ability to reduce substance abuse.
- A communications strategy to keep the issue of substance abuse on the national agenda, and to help local groups articulate the link between substance abuse and other social problems in their communities.
- Technical assistance to answer questions from community groups as they develop a comprehensive strategy to address substance abuse and gun violence.
- National surveys which describe and quantify the community movement against substance abuse.
- National Leadership Fellows Program to recognize outstanding community leaders and provide them with training opportunities to enhance their leadership skills and knowledge about substance abuse.
- National Program Office for Fighting Back, 14 communities which have comprehensive strategies to reduce substance abuse and the related harms.

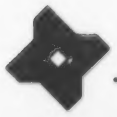
Join Together is primarily funded by The Robert Wood Johnson Foundation through a grant to the Boston University School of Public Health. The gun violence prevention section of Join Together Online is supported by funds from the Joyce Foundation.

JOIN TOGETHER

Join Together
441 Stuart Street
Seventh Floor
Boston, MA 02116
Tel. 617-437-1500
Fax 617-437-9394
Email: info@jointogether.org

Visit Join Together Online at www.jointogether.org

BEST COPY AVAILABLE



JOIN TOGETHER

Join Together
441 Stuart Street
Seventh Floor
Boston, MA 02116
Tel. 617/437-1500
Fax 617/437-9394
Email: info@jointogether.org

Visit Join Together Online
at
www.jointogether.org